

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ORTHOCAROLINA PA FEDERAL PAC

ADDRESS (number and street)

4601 PARK ROAD SUITE 250

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00471508

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Robert McBride Jr.

Signature of Treasurer

Dr. Robert McBride Jr.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		63835.33
(b) Cash on Hand at Beginning of Reporting Period.....	87475.54	
(c) Total Receipts (from Line 19)	20576.04	61350.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	108051.58	125185.95
7. Total Disbursements (from Line 31)	93029.95	110164.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15021.63	15021.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
11		26		2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20156.70

47377.60

(ii) Unitemized

419.34

13973.02

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20576.04

61350.62

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20576.04

61350.62

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20576.04

61350.62

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20576.04

61350.62

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	17.43	151.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17.43	151.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	93012.52	110012.52
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	93029.95	110164.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93029.95	110164.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20576.04	61350.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20576.04	61350.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	17.43	151.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	17.43	151.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5554

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5764

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Richard Alexander

Mailing Address 11300 Troon Circle

City

Laurninburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5555

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Richard Alexander

Mailing Address 11300 Troon Circle

City

Laurninburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Richard Alexander

Mailing Address 11300 Troon Circle

City

Laurninburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5827

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Baker

Mailing Address 3032 Clarendon Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5556

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. David Baker

Mailing Address 3032 Clarendon Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. David Baker

Mailing Address 3032 Clarendon Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5765

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

249.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Beaver

Mailing Address 562 Windsor Place

City State Zip Code
 Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Robert Beaver

Mailing Address 562 Windsor Place

City State Zip Code
 Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5635

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Robert Beaver

Mailing Address 562 Windsor Place

City State Zip Code
 Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5834

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Walter Beaver

Mailing Address 3700 Beresford Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5558

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Walter Beaver

Mailing Address 3700 Beresford Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Walter Beaver

Mailing Address 3700 Beresford Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5766

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarjoo Bhagia

Mailing Address 7213 Fairway Vista Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Sarjoo Bhagia

Mailing Address 7213 Fairway Vista Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Sarjoo Bhagia

Mailing Address 7213 Fairway Vista Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Craig Brigham

Mailing Address 4437-H Mullen Ford Rd

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Craig Brigham

Mailing Address 4437-H Mullen Ford Rd

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Craig Brigham

Mailing Address 4437-H Mullen Ford Rd

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE 13 OF 90

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Burbank

Mailing Address 8631 Barclay Woods Ct

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5561

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Scott Burbank

Mailing Address 8631 Barclay Woods Ct

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Scott Burbank

Mailing Address 8631 Barclay Woods Ct

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5818

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ralph Carter

Mailing Address 201 Sterling Lane

City

Laurinburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Ralph Carter

Mailing Address 201 Sterling Lane

City

Laurinburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Ralph Carter

Mailing Address 201 Sterling Lane

City

Laurinburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virginia F. Casey

Mailing Address 3000 Valencia Tarrac

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Virginia F. Casey

Mailing Address 3000 Valencia Tarrac

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Virginia F. Casey

Mailing Address 3000 Valencia Tarrac

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Chadderdon

Mailing Address 1590 Clyton Drive

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Robert Chadderdon

Mailing Address 1590 Clyton Drive

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Robert Chadderdon

Mailing Address 1590 Clyton Drive

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alexander Chasnis

Mailing Address 186 Atlantic Way

City

Mooresville

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Alexander Chasnis

Mailing Address 186 Atlantic Way

City

Mooresville

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Alexander Chasnis

Mailing Address 186 Atlantic Way

City

Mooresville

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5770

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Christian Clark

Mailing Address 2326 Overhill Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Christian Clark

Mailing Address 2326 Overhill Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Christian Clark

Mailing Address 2326 Overhill Road

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5646

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Patrick Connor

Mailing Address 2232 Lamaison Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick Connor

Mailing Address 2232 Lamaison Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Dr. Patrick Connor

Mailing Address 2232 Lamaison Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5772

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Donald D'Alessandro

Mailing Address 3700 Columbine Circle

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Donald D'Alessandro

Mailing Address 3700 Columbine Circle

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5648

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Donald D'Alessandro

Mailing Address 3700 Columbine Circle

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

MM / DD / YYYY
11 / 08 / 2012

Transaction ID : SA11AI.5773

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jeffery Daily

Mailing Address 1419 Summerlin Dairy Rd

City State Zip Code
Wingate NC 28174

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Jeffery Daily

Mailing Address 1419 Summerlin Dairy Rd

City State Zip Code
Wingate NC 28174

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5649

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Jeffery Daily

Mailing Address 1419 Summerlin Dairy Rd

City State Zip Code
Wingate NC 28174

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5774

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bruce V. Darden

Mailing Address 4236 Foxcroft Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Bruce V. Darden

Mailing Address 4236 Foxcroft Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5650

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Bruce V. Darden

Mailing Address 4236 Foxcroft Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5775

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 OF 90
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William Davis

Mailing Address 1212 Queens Road

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. William Davis

Mailing Address 1212 Queens Road

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5651

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. William Davis

Mailing Address 1212 Queens Road

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5776

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Brian DeLay

Mailing Address 21200 Blakely Shores Dr

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Brian DeLay

Mailing Address 21200 Blakely Shores Dr

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Brian DeLay

Mailing Address 21200 Blakely Shores Dr

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5777

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Dockery

Mailing Address 3701 Bodenham Court

City State Zip Code
Charlotte NC 28215

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Michael Dockery

Mailing Address 3701 Bodenham Court

City State Zip Code
Charlotte NC 28215

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5653

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Michael Dockery

Mailing Address 3701 Bodenham Court

City State Zip Code
Charlotte NC 28215

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5778

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Yates Dunaway

Mailing Address 2326 Thetford CT

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2012

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Yates Dunaway

Mailing Address 2326 Thetford CT

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2012

Transaction ID : SA11AI.5654

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Yates Dunaway

Mailing Address 2326 Thetford CT

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2012

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Dupuy

Mailing Address 3910 Abingdon Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. David Dupuy

Mailing Address 3910 Abingdon Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. David Dupuy

Mailing Address 3910 Abingdon Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

MM / DD / YYYY
11 / 08 / 2012

Transaction ID : SA11AI.5780

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 29 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Kent Ellington

Mailing Address 1104 Sedgewood Forest Ln

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Kent Ellington

Mailing Address 1104 Sedgewood Forest Ln

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5656

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Kent Ellington

Mailing Address 1104 Sedgewood Forest Ln

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Erdin

Mailing Address 123 OVERBROOK DRIVE

City State Zip Code
CONCORD NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Robert Erdin

Mailing Address 123 OVERBROOK DRIVE

City State Zip Code
CONCORD NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Robert Erdin

Mailing Address 123 OVERBROOK DRIVE

City State Zip Code
CONCORD NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5835

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Fehring

Mailing Address 2329 PENDER PLACE

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Thomas Fehring

Mailing Address 2329 PENDER PLACE

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Thomas Fehring

Mailing Address 2329 PENDER PLACE

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5781

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5660

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Fleischli

Mailing Address 1310 Andover Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5582

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. James Fleischli

Mailing Address 1310 Andover Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. James Fleischli

Mailing Address 1310 Andover Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5782

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Stephen Fleming

Mailing Address 247 Hunting Road

City State Zip Code
Boone NC 28607

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Stephen Fleming

Mailing Address 247 Hunting Road

City State Zip Code
Boone NC 28607

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5662

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Stephen Fleming

Mailing Address 247 Hunting Road

City State Zip Code
Boone NC 28607

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 90

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Adam Fosnaugh

Mailing Address 7620 Caspian Dr

City

Waxhaw

State

NC

Zip Code

28173

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. John Stuart Gaul III

Mailing Address 810 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. John Stuart Gaul III

Mailing Address 810 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Stuart Gaul III

Mailing Address 810 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5783

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. William Griffin

Mailing Address 618 Colville Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, Pa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. William Griffin

Mailing Address 618 Colville Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, Pa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Griffin

Mailing Address 618 Colville Road

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, Pa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Matthew Gullickson

Mailing Address 7513 Christopher Place

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Matthew Gullickson

Mailing Address 7513 Christopher Place

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5666

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Matthew Gullickson

Mailing Address 7513 Christopher Place

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Nady Hamid

Mailing Address 2108 Cumerland Ave

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Nady Hamid

Mailing Address 2108 Cumerland Ave

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nady Hamid

Mailing Address 2108 Cumerland Ave

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Patrick Hayes

Mailing Address 408 Johnsfeld Road

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Patrick Hayes

Mailing Address 408 Johnsfeld Road

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5668

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Patrick Hayes

Mailing Address 408 Johnsfeld Road

City State Zip Code
 Shelby NC 28150

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Carroll P Jones

Mailing Address 2713 Sherwood Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

C. Dr. Carroll P Jones

Mailing Address 2713 Sherwood Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5669

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carroll P Jones

Mailing Address 2713 Sherwood Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.05

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5786

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

B. Brian Krenzel

Mailing Address 4112 1st Place NW

City State Zip Code
 Hickory NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5707

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian Krenzel

Mailing Address 4112 1st Place NW

City State Zip Code
 Hickory NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5839

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

245.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eric Laxer

Mailing Address 2829 Giverny Dr

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Eric Laxer

Mailing Address 2829 Giverny Dr

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5670

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Eric Laxer

Mailing Address 2829 Giverny Dr

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Lewis

Mailing Address 7235 Shefigndell Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Daniel Lewis

Mailing Address 7235 Shefigndell Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : SA11AI.5671

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Daniel Lewis

Mailing Address 7235 Shefigndell Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
11 / 08 / 2012

Transaction ID : SA11AI.5822

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 90

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Erika Lumsden

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code
Charlotte NC 28205

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Erika Lumsden

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code
Charlotte NC 28205

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5672

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Erika Lumsden

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code
Charlotte NC 28205

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5788

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ranjan Maitra

Mailing Address 3586 Fieldstone Drive

City State Zip Code
Gastonia NC 28056

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Ranjan Maitra

Mailing Address 3586 Fieldstone Drive

City State Zip Code
Gastonia NC 28056

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Ranjan Maitra

Mailing Address 3586 Fieldstone Drive

City State Zip Code
Gastonia NC 28056

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roy Majors

Mailing Address 5547 Fallon CT

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Roy Majors

Mailing Address 5547 Fallon CT

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5674

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Roy Majors

Mailing Address 5547 Fallon CT

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5790

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. J. Bohannon Mason

Mailing Address 159 Cherokee Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5596

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. J. Bohannon Mason

Mailing Address 159 Cherokee Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

10 / 01 / 2012

Transaction ID : SA11AI.5675

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. J. Bohannon Mason

Mailing Address 159 Cherokee Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Masonis

Mailing Address 1766 Maryland Ave

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Masonis

Mailing Address 1766 Maryland Ave

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Masonis

Mailing Address 1766 Maryland Ave

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert McBride Jr.

Mailing Address 4601 Park Road
Suite 250

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5598

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Robert McBride Jr.

Mailing Address 4601 Park Road
Suite 250

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5677

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Robert McBride Jr.

Mailing Address 4601 Park Road
Suite 250

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas McCoy

Mailing Address 431 Fenton Place

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5599

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Thomas McCoy

Mailing Address 431 Fenton Place

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Thomas McCoy

Mailing Address 431 Fenton Place

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5794

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mark McGinnis

Mailing Address 1722 5th St Drive NW

City State Zip Code
Hickory NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5708

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Mark McGinnis

Mailing Address 1722 5th St Drive NW

City State Zip Code
Hickory NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code
Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5795

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Meade

Mailing Address 227 Chaucer Lane

City State Zip Code
 Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Meade

Mailing Address 227 Chaucer Lane

City State Zip Code
Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5680

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Meade

Mailing Address 227 Chaucer Lane

City State Zip Code
Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5796

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Michael Meighen

Mailing Address 3649 Richwood Circle

City State Zip Code
Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5602

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Meighen

Mailing Address 3649 Richwood Circle

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5681

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Michael Meighen

Mailing Address 3649 Richwood Circle

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5832

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Alden Milam

Mailing Address 3320 Selwyn Ave

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5603

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

264.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alden Milam

Mailing Address 3320 Selwyn Ave

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5682

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Alden Milam

Mailing Address 3320 Selwyn Ave

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5797

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Jeffery Mokris

Mailing Address 17812 Wilbanks Dr

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5604

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

256.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jeffery Mokris

Mailing Address 17812 Wilbanks Dr

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5683

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Jeffery Mokris

Mailing Address 17812 Wilbanks Dr

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5798

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Robert Morgan

Mailing Address 3637 Richwood Circle

City State Zip Code
Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Morgan

Mailing Address 3637 Richwood Circle

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Robert Morgan

Mailing Address 3637 Richwood Circle

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5817

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Newell

Mailing Address PO BOX 38308

City State Zip Code
 Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Newell

Mailing Address PO BOX 38308

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Newell

Mailing Address PO BOX 38308

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Lois Osier

Mailing Address 2126 Hastings Dr

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lois Osier

Mailing Address 2126 Hastings Dr

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2012

Transaction ID : SA11AI.5686

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Lois Osier

Mailing Address 2126 Hastings Dr

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	08	/	2012

Transaction ID : SA11AI.5799

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City	State	Zip Code
Charlotte	NC	28203

FEC ID number of contributing federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2012

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5687

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dana Piasecki

Mailing Address 1547 Queens Rd West

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dana Piasecki

Mailing Address 1547 Queens Rd West

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5688

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dana Piasecki

Mailing Address 1547 Queens Rd West

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Alfred Rhyne

Mailing Address 540 Hempstead Pl

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfred Rhyne

Mailing Address 540 Hempstead Pl

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Alfred Rhyne

Mailing Address 540 Hempstead Pl

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5801

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code
Laurinburg NC 28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code
 Laurinburg NC 28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code
 Laurinburg NC 28352

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 08 2012

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2012

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5802

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

c. Paul Segebarth

Mailing Address 1900 Vernon Dr

City

Charlotte

State

NC

Zip Code

28211-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paul Segebarth

Mailing Address 1900 Vernon Dr

City

Charlotte

State

NC

Zip Code

28211-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5693

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Paul Segebarth

Mailing Address 1900 Vernon Dr

City

Charlotte

State

NC

Zip Code

28211-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Ronald Singer

Mailing Address 11026 Beau Riley Road

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

272.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ronald Singer

Mailing Address 11026 Beau Riley Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5694

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Ronald Singer

Mailing Address 11026 Beau Riley Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5803

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. James Skahen

Mailing Address 640 Wilhelm Place NE

City State Zip Code
Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Skahen

Mailing Address 640 Wilhelm Place NE

City State Zip Code
Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. James Skahen

Mailing Address 640 Wilhelm Place NE

City State Zip Code
Concord NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Smid

Mailing Address PO Box 3192

City State Zip Code
Pinehurst NC 28374

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

340.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Smid

Mailing Address PO Box 3192

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5696

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Smid

Mailing Address PO Box 3192

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Scott Smith

Mailing Address 720 East 10th Street

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5619

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Scott Smith

Mailing Address 720 East 10th Street

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. Scott Smith

Mailing Address 720 East 10th Street

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Leo Spector

Mailing Address 3407 Maryhurst Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leo Spector

Mailing Address 3407 Maryhurst Lane

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5698

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Leo Spector

Mailing Address 3407 Maryhurst Lane

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5815

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. Bryan D. Springer

Mailing Address 200 Wales Avenue

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

227.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bryan D. Springer

Mailing Address 200 Wales Avenue

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5699

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

B. Dr. Bryan D. Springer

Mailing Address 200 Wales Avenue

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.05

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5804

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

C. Dr. William Stucky

Mailing Address 208 Buffalo Church Road

City State Zip Code
Cherryville NC 28021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthocarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

181.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William Stucky

Mailing Address 208 Buffalo Church Road

City State Zip Code
Cherryville NC 28021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthocarlina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5700

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. William Stucky

Mailing Address 208 Buffalo Church Road

City State Zip Code
Cherryville NC 28021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthocarlina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5805

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

c. Mark Suprock

Mailing Address 910 Martingale Lane

City State Zip Code
Davidson NC 28036

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mark Suprock

Mailing Address 910 Martingale Lane

City State Zip Code
Davidson NC 28036

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Mark Suprock

Mailing Address 910 Martingale Lane

City State Zip Code
Davidson NC 28036

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5812

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Temple

Mailing Address 6239 Sharon Hills Road

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Temple

Mailing Address 6239 Sharon Hills Road

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Temple

Mailing Address 6239 Sharon Hills Road

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. John Ternes

Mailing Address 3707 Moreland Farms Rd.

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5626

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Ternes

Mailing Address 3707 Moreland Farms Rd.

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. John Ternes

Mailing Address 3707 Moreland Farms Rd.

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.5807

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Ron Vandernoord

Mailing Address 14535 Davis Trace

City State Zip Code
 Charlotte NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ron Vandernoord

Mailing Address 14535 Davis Trace

City State Zip Code
Charlotte NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5704

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Ron Vandernoord

Mailing Address 14535 Davis Trace

City State Zip Code
Charlotte NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5808

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5628

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5705

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5809

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C. Dr. J. Michael Wattenbarger

Mailing Address 1624 Sterling Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. J. Michael Wattenbarger

Mailing Address 1624 Sterling Road

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.5706

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

B. Dr. J. Michael Wattenbarger

Mailing Address 1624 Sterling Road

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoCarolina, PA

Occupation

Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.5810

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.80

20156.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kelly Alexander

Mailing Address 1424 Statesville Avenue

City	State	Zip Code
Charlotte	NC	28206

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5743

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Apodaca

Mailing Address 1504 Fifth Ave West

City	State	Zip Code
Hendersonville	NC	28739

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB29.5759

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Phil Berger

Mailing Address P.O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5741

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bill Brawley

Mailing Address 13612 O'Toole Drive

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : SB29.5735

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Becky Carney

Mailing Address P.O. Box 32873

City	State	Zip Code
Charlotte	NC	28232

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SB29.5754

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dan Clodfelter

Mailing Address 100 N. Tryon Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : SB29.5730

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jeff Collins

Mailing Address 1109 Culpepper Drive

City	State	Zip Code
Rocky Mount	NC	27803

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

Transaction ID : SB29.5724

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tricia Cotham

Mailing Address 107 Sardis Grove Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : SB29.5747

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Carla Cunningham

Mailing Address 61298 SUNDRIDGE COUR

City	State	Zip Code
Charlotte	NC	28269

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : SB29.5745

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Beverly Earle

Mailing Address 312 S. Clarkson Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SB29.5755

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Joel Ford

Mailing Address P.O. Box 36391

City	State	Zip Code
Charlotte	NC	28236

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : SB29.5713

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Thom Goolsby

Mailing Address 212 Walnut Street Ste 100

City	State	Zip Code
Wilmington	NC	28401

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : SB29.5728

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Malcolm Graham

Mailing Address 3404 Cresta Court

City	State	Zip Code
Charlotte	NC	28269

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : SB29.5715

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Susi Hamilton

Mailing Address P.O. Box 637

City	State	Zip Code
Wilmington	NC	28401

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SB29.5756

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Kathy Harrington

Mailing Address P.O. Box 6223

City	State	Zip Code
Gastonia	NC	28056

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : SB29.5716

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fletcher Hartsell

Mailing Address P.O. Box 1709

City	State	Zip Code
Concord	NC	28026

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2012

Transaction ID : SB29.5718

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mark Hollo

Mailing Address 1668 NC Highway 16 South

City	State	Zip Code
Taylorsville	NC	28681

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : SB29.5731

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Justice For All NC

Mailing Address 9660 Falls of the Neuse Road #138

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5739

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Lewis

Mailing Address P.O. Box 1826

City	State	Zip Code
Dunn	NC	28335

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5736

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Susan Martin

Mailing Address P.O. Box 8157

City	State	Zip Code
Wilson	NC	27893

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : SB29.5733

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Pat McCroy

Mailing Address PO BOX 98027

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : SB29.5732

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gene McLaurin

Mailing Address 905 Fayetteville Road

City	State	Zip Code
Rockingham	NC	28379

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

Transaction ID : SB29.5719

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Tim Moffitt

Mailing Address 3182 Sweeten Creek R

City	State	Zip Code
Asheville	NC	28803

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2012

Transaction ID : SB29.5748

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Rodney Moore

Mailing Address 1914 Yaupon Road

City	State	Zip Code
Charlotte	NC	28215

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5744

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3X)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tim Moore

Mailing Address 305 East King Street

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2012

Transaction ID : SB29.5750

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. NORTH CAROLINA MEDICAL SOCIETY FEDERAL POLITICAL EDUCATION AND ACTION COMMITTEEMailing Address PO Box 25834
222 N. Person Street

City	State	Zip Code
Raleigh	NC	27611

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : SB29.5712

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Robert Rucho

Mailing Address 305 Trafalgar Place

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB29.5738

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

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SCHEDULE B (FEC Form 3X)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruth Samuelson

Mailing Address 1143 Andover Road

City	State	Zip Code
Charlotte	NC	28211

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2012

Transaction ID : SB29.5711

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Jeff Tarte

Mailing Address 17216 Belle Isle Drive

City	State	Zip Code
Cornelius	NC	28031

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SB29.5726

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thom Tillis

Mailing Address 17209 Green Dolphin Lane

City	State	Zip Code
Cornelius	NC	28031

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

Transaction ID : SB29.5761

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Torbett

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

Mailing Address 210 Blue Ridge Drive

Transaction ID : SB29.5752

City	State	Zip Code
Stanley	NC	28164

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Tommy Tucker

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address 1206 Rosehill Drive

Transaction ID : SB29.5758

City	State	Zip Code
Waxhaw	NC	28173

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

93000.00
